

## Assessment Measures

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### Introduction

This appendix provides information about some measures that members of this task force consider useful for assessing trauma in children and their families. For a more comprehensive list, see Judith A. Cohen, MD (principal author), *Practice Parameters for the Assessment and Treatment of Children and Adolescents With Posttraumatic Stress Disorder* (1998). Contact: American Academy of Child and Adolescent Psychiatry Publications Department, 3615 Wisconsin Ave. N.W., Washington, DC 20016.

Clinicians using assessment measures should comply with the *Standards for Education and Psychological Testing* of the American Psychological Association (1995), the qualification requirements of the clinicians' licensing board, and the guidelines for administration, scoring and interpretation found in each instrument's published manual. It is always important to be aware of the limitations of standardized measures when assessing children from minority groups and children with disabilities.

### Developmental Screening Tools

#### Bayley Infant Neurodevelopmental Screener (BINS)

The BINS is a quick measure that can be used by trained evaluators from a variety of disciplines to screen development in children from three to twenty-four months of age. This is a "level B" measure and use requires a Master's level degree in Psychology or Education (or verification of membership in a professional association with experience in a relevant area of assessment). See The Psychological Corporation, 555 Academic Court, San Antonio TX 78204. Contact: (800) 211-8378 or <http://www.PsychCorp.com>.

#### Denver Developmental Screening Test II (DDST-II)

The DDST-II is a widely used developmental screening tool for children ages birth to six years. It contains a checklist of items that screen for cognitive, motor, language and behavioral development. The Denver II has been criticized for both overdiagnosing and underdiagnosing (depending on which version of the test is used) developmental delay and for problems with sensitivity and specificity. The Denver II can be useful as a gross screening measure to identify those children who would benefit from a full developmental assessment. See Denver Developmental Materials, Inc., P.O. Box 6919, Denver CO 80206.

#### First Step

First Step is a screening tool for children ages 33 months to six years. It provides information on cognitive, communication and motor development. First Step reports classify children as Within Acceptable Limits, Caution, or At Risk for developmental delay. This is a "level B" measure and use requires a Master's level degree in Psychology or Education (or verification of membership in a professional association with experience in a relevant area of assessment). See The Psychological Corporation, 555 Academic Court, San Antonio TX 78204. Contact: (800) 211-8378 or <http://www.PsychCorp.com>.

### Developmental Assessment

#### Neonatal Behavioral Assessment Scale (NBAS)

The NBAS was developed by T. Berry Brazelton (1979) and allows for a comprehensive neurodevelopmental evaluation of the infant from birth through approximately six to eight weeks of age. This test is complicated and requires administration by an evaluator trained by the NBAS National Training Center at Harvard

University (617-355-4959). While there are few professionals trained in the NBAS, it can be one of the most useful tools for assessment and intervention for the very young infant. This evaluation must be obtained prior to 2 months of age. Brazelton, T. B. (1984). Clinics in Developmental Medicine No. 88. Boston, MA: Cambridge University Press.

### **Bayley Scales of Infant Development-II (BSID-II)**

The BSID-II is one of the best and most widely used instruments available to assess development in young children between one and forty-two months of age. The Bayley assesses for cognitive and motor development as well as behavior. It can be used to evaluate gross and fine motor, personal/social, language, and cognitive/adaptive abilities. The BSID-II takes approximately 45 minutes to administer. It is a “level C” measure and use requires a trained evaluator with a doctoral level degree in Psychology or Education (or verification of membership in a professional association with experience in a relevant area of assessment). Publisher: The Psychological Corporation, 555 Academic Court, San Antonio TX 78204. Contact: (800) 211-8378 or <http://www.PsychCorp.com>.

### **Mullen Scales of Early Learning**

The Mullen Scales of Early Learning provides an assessment of language, motor and perceptual abilities for children ages birth to 5 years 8 months. The Mullen Scales of Early Learning takes approximately 35 minutes to administer. This is a “level C” measure and use requires an examiner with graduate training in Psychology. Contact: American Guidance Service, Circle Pines, MN 55014 or <http://www.agsnet.com>.

### **Vineland Social-Emotional Early Childhood Scales**

The Vineland SEEC is an interview with the caregiver that results in a measure of the infant or child's social-emotional skills for children ages birth through 5 years 11 months. This is a ‘level C’ measure and use requires graduate training in Psychology or Social Work. Contact: American Guidance Service, Circle Pines, MN 55014 or <http://www.agsnet.com>.

## **Behavior and Symptom Assessment: Children & Adolescents**

### **Child and Adolescent Version of the Clinician-Administered PTSD Scale (CAPS-CA)**

The Child and Adolescent version of the Clinician-Administered PTSD Scale (CAPS-CA) is a structured clinical interview designed to be a developmentally-adjusted counterpart to the CAPS for adults. The CAPS-CA interview assesses the seventeen symptoms for posttraumatic stress disorder (PTSD) outlined in DSM-IV, along with eight associated features targeted to individuals ages 8 through early adolescence. The CAPS-CA consists of standardized prompt questions, supplementary follow-up questions, and behaviorally-anchored 5-point rating scales corresponding to the frequency and intensity of each symptom. The CAPS-CA is available free to mental health professionals for clinical or research purposes. The manual for administration is still under development and a preliminary interrater reliability study is in progress. The developers are interested in collaborating with individuals who use the interview in order to learn more about its practical and psychometric properties. To obtain a copy of the CAPS-CA, contact Mary K. Jankowski, Ph.D., National Center for PTSD (116D), VA Medical Center & Regional Office Center, 215 North Main St., White River Junction, VT 05009 or <http://www.ncptsd.org>.

### **Trauma Symptom Checklist for Children (TSCC)**

The TSCC (Briere, 1996) is a self-report measure of posttraumatic distress and related symptoms for evaluating children ages eight through sixteen who have experienced traumatic events. The TSCC is available in two forms, a full 54-item version which includes 10 items regarding sexual symptoms and preoccupations and a 44-item alternate version (the TSCC-A) that does not include sexual items. In populations of abused children, the task force recommends that use of the full 54-item version be considered, because abused children without known sexual abuse history can have multiple types of victimization or sexual preoccupations or disturbance in sexual behavior due to other factors. The TSCC provides two

validity scales (Under-response and Hyper-response) and six clinical scales (Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns.) The TSCC can be completed by most children in 15 to 20 minutes and can be scored and profiled in approximately 5 to 10 minutes. This a “level B” measure and use requires a Master’s level degree in Psychology or Education (or verification of membership in a professional association with experience in a relevant area of assessment). John Briere (1996). *Trauma Symptom Checklist for Children (TSCC)* Odessa, FL: Psychological Assessment Resources. Contact: (800) 331-8378 or <http://www.parinc.com>.

### **Child Sexualized Behavior Inventory (CSBI)**

The CSBI (Friedrich, 1997) is a 38-item measure using parent report (mother or primary female caregiver) of sexual behavior in children two to twelve years old. It was developed for use in evaluating sexually abused children, or children who are suspected of having been sexually abused. It is also used clinically to assess children who display problem sexual behaviors of uncertain etiology. The CSBI measures a range of sexual behaviors in the following domains: Boundary problems, Exhibitionism, Gender role behavior, Self-stimulation, Sexual anxiety, Sexual interest, Sexual intrusiveness, Sexual knowledge, and Voyeuristic behavior. The measure results in three clinical scales, CSBI Total, Developmentally Related Sexual Behavior, and Sexual Abuse Specific Items. The CSBI is an efficient measure for initial and treatment progress assessment, as it is fast to administer and score. It requires a fifth grade reading level and can be read to caregivers with literacy problems. This a “level B” measure and use requires a Master’s level degree in Psychology or Education (or verification of membership in a professional association with experience in a relevant area of assessment). William N. Friedrich, (1997). *The Child Sexual Behavior Inventory (CSBI)*. Odessa, FL: Psychological Assessment Resources. Contact: (800) 331-8378 or <http://www.parinc.com>.

### **Child Behavior Checklist (CBCL)**

The Child Behavior Checklist provides reports of children’s competencies and general behavioral and emotional problems. It is widely used and extensively researched in clinical settings. The CBCL is available in parent report, youth self-report, and teacher report versions. There are also versions for children 2–3 years old (CBCL/2-3) and a young adult version (YABCL). The Achenbach report forms are available in many languages, including Spanish. Both hand-scored and computer scored profiles are available. Use requires graduate training in standardized assessment procedures of at least the Master’s degree level, plus thorough knowledge of the relevant manuals and documentation. T. M. Achenbach, Child Behavior Checklist, Burlington, VT. Contact: (802) 656-8313 or <http://Checklist.uvm.edu>.

### **The Children’s Depression Inventory (CDI)**

The CDI is a 27-item self-report measure of depression in school-aged children and adolescents aged 7 to 17. The CDI assesses depressed mood, anhedonia, vegetative symptoms, negative self-evaluation, and depressive behavior. It required only a first grade reading level and is one of the most frequently used standardized measures of depression in children and adolescents. Administration and scoring are quick and uncomplicated. Kovacs, M. (1992). *Children’s Depression Inventory (CDI)*. North Tonawanda, NY: Multi-Health Systems, Inc. (800) 456-3003. Available from Western Psychological Services (800) 648-8857.

## **Symptom Assessment: Parents & Caregivers**

### ***Trauma Symptom Inventory (TSI)***

The Trauma Symptom Inventory (TSI) (Briere, 1995) is a 100-item test used with adults ages 18 and above to assess psychological trauma. The TSI contains 3 validity scales: Atypical Response (ATR), Response Level (RL), and Inconsistent Response (INC) and 10 clinical scales: Anxious Arousal (AA), Depression (D), Anger/Irritability (AI), Intrusive Experiences (IE), Defensive Avoidance (DA), Dissociation (DIS), Sexual Concerns (SC), Dysfunctional Sexual Behavior (DSB), Impaired Self-Reference (ISR), and Tension Reduction Behavior (TRB). The TSI scales assess symptoms associated with the DSM-IV diagnoses of Posttraumatic Stress Disorder and Acute Stress Disorder, as well as other sequelae associated with chronic trauma. This is a “level B” measure and use requires a Master’s level degree in Psychology or Education (or verification of membership in a professional association with experience in a relevant area of assessment). John Briere (1995). *Trauma Symptom Inventory (TSI)*. Odessa, FL: Psychological Assessment Resources. Contact: (800) 331-8378 or <http://www.parinc.com>.

### ***Beck Depression Inventory-II (BDI-II)***

The Beck Depression Inventory-Second Edition (BDI-II, Beck et al., 1996) is a 21-item self-report instrument used with adults or adolescents ages 13 and above for measuring the severity of depressive symptoms. The BDI-II is available in both English and Spanish. Measured symptoms correspond to the diagnosis of depressive disorders in DSM-IV. The test contains 21 items rated by the subject on a four point scale from zero to three. The test is scored by summing the ratings of all items, with four total scores categories: Minimal Depression (0–13); Mild Depression (14–19), Moderate Depression (20–28), and Severe Depression (29–63). This is a “level C” measure and use requires an examiner with graduate training in Psychology. Beck, A., Steer, R., & Brown, G. (1996, 1987). *Beck Depression Inventory-Second Edition (BDI-II)*. San Antonio, TX: The Psychological Corporation. Contact: (800) 211-8378 or <http://www.PsychCorp.com>.

## **Evaluation of the Home and the Parent-Child Interaction**

### ***The Index of Family Relations (IFR)***

The IFR (Walter, 1993) is a 25-item, self-report instrument which assesses the presence of family problems and intrafamilial stress. It is used for measuring family problem severity. It requires a fifth grade reading level. Walter Hudson, WALMYR Publishing Company, P.O. Box 12217, Tallahassee, FL 32317-2217. Contact: (850) 383-0045.

### ***Home Observation for Measurement of the Environment (HOME)***

An evaluator completes the HOME scale as they observe and interact with the family in the home environment. It assesses for emotional and verbal responsiveness of the caregiver, provision of play materials, and conditions of the physical environment. Training information is available from Bettye Caldwell at Arkansas Children’s Hospital Department of Pediatrics. See Bradley, R. H. & Caldwell, B. M. (1988). Using the HOME Inventory to assess the family environment. *Pediatric Nursing*, 14, 97–102.

### ***Family Environment Scale (FES)***

The FES is a self-report measure that assesses for current family environment including family cohesion and family control issues. Use requires college level training in assessment required (can be college level). See Moos R. H., & Moos B. S. (1981). Palo Alto, CA: Consulting Psychologists Press.

### **Carey Temperament Scales (CTS)**

The CTS assesses the temperament of children ages one month through 12 years, based on caregiver report. Temperament factors assessed include activity, rhythmicity, approach-withdrawal, adaptability, emotional intensity, quality of mood, attention span and persistence, distractibility and sensory threshold. This is a 'level B' measure and requires a masters level degree in Psychology or Education (or verification of membership in a professional association with experience in a relevant area of assessment). See The Psychological Corporation, 555 Academic Court, San Antonio TX 78204. Contact: (800) 211-8378 or <http://www.PsychCorp.com>.

### **NCAST — Teaching/Feeding Scales**

An evaluator observes a feeding time or a teaching interaction with the caregiver and child. Responsiveness and sensitivity to cues are rated for both the infant and the caregiver. This tool allows for an assessment of the quality of the interaction between the infant and the caregiver. While this can be completed in the clinic setting, it is very desirable to conduct the assessment in the home. Use requires training by a certified NCAST trainer. Publisher: Barnard, Kathryn (1980). Seattle WA: NCAST Publications. Contact: (206) 543-8528 or e-mail at [ncast@u.washington.edu](mailto:ncast@u.washington.edu).

### **Parenting Stress Inventory (PSI)**

The PSI is used to assess the degree of stress in the caregiver. It includes an overall stress score and subtests measuring attachment, parental isolation and mood. Use requires college level training in assessment. Publisher: Psychological Assessment Resources, P.O. Box 998, Odessa FL 33556. Contact: (800) 331-TEST or <http://www.parinc.com>.

### **Child Abuse Potential Inventory (CAPI)**

The CAPI is a screening instrument for assessing personal and interactional dimensions of parenting in order to assess risk of physical child abuse. It is filled out by the caregiver and assesses the caregivers perceptions concerning child care and expectations of children. It requires a third grade reading level and is available in English and Spanish. No qualification information is provided. See Milner J. (1989). Webster NC: PSYTEC Corporation.

